## EXHIBIT C

| United States Bankru   | ptcy Court - District of Nevada   |  | PROOF OF CLAIM   |
|--|---|--|--|
| Name of Debtor USA Commercial Mort   | gage Company  | Case Number<br>06-10725-LBR  |  |
| NOTE This form should not b  | e used to make a claim for an administrative exp  | pense arising after the commencement   |  |
|  | vment of an administrative expense may be filed   | pursuant to 11 USC § 503   |  |
|  | or other entity to whom the debtor owes   | ☐ Check box if you are aware that  |  |
| money or property) Shawntelle Davis-Cane   | ера   | anyone else has filed a proof of<br>claim relating to your claim<br>Attach copy of statement giving  |  |
| Name and address where notice Shawntelle Davis-Can   | epa   | particulars  Theck box if you have never   |  |
| c/o Laurel E Davis   |   | received any notices from the  |  |
| Lionel Sawyer & Collir   | าร  | bankruptcy court in this case  |  |
| 300 South Fourth Stre  | et, Suite 1700  |  |  |
| Las Vegas, NV 89101  |   | Check box if the address differs   |  |
|  |   | from the address on the envelope sent to you by the court  |  |
| l elephone number 702-38   | 3-8888  | 3-10 to 7 of of or   | This Space is for Court Use Only   |
| Last 4 digits of account or other  | er number by which creditor identifies debtor   | Check here replaces a previously amends  | filed claim dated  |
| 1 Basis for Claim  |   | 1  |  |
| ☐ Goods sold   |   | ☐ Retiree benefits as defined in 1   |  |
| ☐ Services performed   |   | □ Wages, salaries and compensate   | tion (fill out below)  |
| ☐ Money loaned   |   | Last four digits of SS #   |  |
| ☐ Personal injury/wro  | ongful death  | Unpaid compensation for service  | ces performed  |
| ☐ Taxes  |   | fromto   | -  |
| Other See Attack   | nment   | (date)   | (date)   |
|  |   | 3 If court judgment, date obtained   |  |
| 2 Date debt was incurred   |   | 5 If court judgment, date obtained   |  |
| Unsecured Nonpriority Clai  Check this box if a) there or b) your claim exceeds to or c) none or only part of the secured Priority Claim | Check the appropriate box or boxes that descrit See reverse side for important explanations  m \$   | Secured Claim  Check this box if your claim is secured. Brief Description of Collateral. Real Estate. Motor Vehicle. Collateral.  Value of Collateral. S | ed by collateral (including a II, ht of setoff)  Other  es at time                           |
| Specify the priority of the clair  | III   | case filed included in the secured cla   | im ii any 5  |
|  | ns under 11 USC § 507(a)(1)(A) or (a)(1)(B)   | ☐ Up to \$2,225* of deposits toward pure   | chase lease, or rental of property or  |
| ☐ Wages salaries or commis<br>days before filing of the ba   | isions (up to \$10 000),* earned within 180 inkruptcy petition or cessation of the er is earlier - 11 U S C § 507(a)(4)   | services for personal family or house  Taxes or penalties owed to government  Other - Specify applicable paragraph                                       | chold use - 11 U S C § 507(a)(7)  Intal units - 11 U S C § 507(a)(8)                         |
| Contributions to an employ   | ee benefit plan - 11 U S C § 507(a)(5)  | * Amounts are subject to adjustment on 4.1.07<br>respect to cases commenced on or after the a  |  |
| 5 Total Amount of Claim  | at Time Case Filed \$(unsecured)  | (secured) (pri   | ority) (Total)   |
| Check this box if claim in or additional charges   | cludes interest or other charges in addition to the   | . ,  | zed statement of all interest  |
| 6 Credits The amount of al<br>this proof of claim  | li payments on this claim has been credited and o   | deducted for the purpose of making   | I his Space is for Court Use Only  |
| orders invoices itemized agreements and evidence   | Attach copies of supporting documents such as statements of running accounts, contracts court of perfection of lien DO NOT SEND ORIGINATION of the documents are voluminous attach a summ | Judgments mortgages security AL DOCUMENTS If the documents   | ILED JAN 12 2007   |
|  | receive an acknowledgment of the filing of your nd copy of this proof of claim  | r cla m enclose a stamped  |  |
| Date   | Sign and print the name and title if any of the creating claim (attach copy of power of attorney if any   |  | ***  |
| January 12, 2007   | /s/ Laurel E Davis, Counsel for Cl  | aımant   | USA CMC  |
| 1  | Laurel E Davis, Counsel for Claim   | nant   | \$\\ P(\Delta \chi \lambda \chi \lambda \chi \lambda \chi \chi \chi \chi \chi \chi \chi \chi |

| e e        |  | <del>- 00-10-120-g</del> w2 500-000   | PR                             | OOF OF CLAIM   | 1                      | <del>C-3-01-10</del>  |
|------------|--|---|--------------------------------|--|------------------------|---|
|            |  |   |                                |  |                        |   |
| Na         | me of Debtor   |   | Case N                         | umber  | ]                      |   |
| 1          | JSA Commercial M   | ortgage Company   | 06-10                          | 725-LBR  |                        |   |
| 1          |  | of Debtors and Case Numbers   | <b>L</b>                       |  |                        |   |
|            |  | to make a claim for an administrative e<br>ent of the case A "request" for paymer   |                                | Check box if you are aware that anyone else has                |                        |   |
| adn        | ninistrative expense may t                                   | pe filed pursuant to 11 U.S.C. § 503  |                                | filed a proof of claim relating to your claim. Attach copy of  | WHOSE LOAN IS          | Y OWED MONEY BY A BORROWER<br>BEING SERVICED BY THE           |
| Na         | me of Creditor and   |   | 100                            | statement giving particulars                                   |                        | O <u>NOT</u> HAVE TO FILE A PROOF<br>INCLUDES MONEY FROM THAT |
|            | FETTERLY /   | 113212420351  | 100                            | Check box if you have  | BORROWER HEL           | D IN THE COLLECTION ACCOUNT                                   |
|            | P O BOX 598  | 36  |                                | never received any notices from the bankruptcy court or        |                        | S PROOF OF CLAIM FOR A  |
|            | INCLINE VILI   | LAGE NV 89450   |                                | BMC Group in this case   | ONE OF THE DEE         | EST IN A BORROWER THAT IS NOT<br>STORS                        |
|            |  |   |                                | Check box if this address differs from the address on the      |                        | ady filed a proof of claim with the                           |
| Cre        | ditor Telephone Number (                                     | 775 832 265   |                                | envelope sent to you by the court                              |                        | or BMC you do not need to file again E IS FOR COURT USE ONLY  |
| _          |  | other number by which creditor identifie  | s debtor                       | Check here replace   | ces                    |   |
|            |  | 1336  |                                | check here replaced or of this claim amen                      | a previously           | filed claim dated   |
| 1 E        | ASIS FOR CLAIM   | _ [   | Retiree                        | benefits as defined in 11 U S                                  | C § 1114(a)            | Unremitted principal  |
| ╽ <u>┝</u> | Goods sold   | Personal injury/wrongful death  | ☐ Wages                        | salaries and compensation (                                    | fill out below)        | Other claims against service                                  |
| -          | Services performed   | ☐ Taxes   | Last fou                       | r digits of your SS #  |                        | (not for loan balances)                                       |
| ╽┖         | Money loaned   | Other (describe briefly)  | Unpaid                         | compensation for services per                                  | rformed from           | to  |
| 2 0        | ATE DEBT WAS INCUR   | RED 4/4/05  | 3 IF C                         | OURT JUDGMENT, DATE O  | BTAINED                | (date) (date)   |
| 4 C        | LASSIFICATION OF CL<br>ee reverse side for important         | AIM Check the appropriate box or boxes to   |                                |  |                        | ne time case filed  |
| 1          |  | Y CLAIM \$40,000 - au   |                                | SECURED CLAIM  |                        |   |
|            | Check this box if: a) there is exceeds the value of the pre- | s no collateral or lien securing your claim or operty securing it or if c) none or only part of   | b) your claim<br>your claim is | a right of setoff)   |                        | ed by collateral (including                                   |
| UNS        | entitled to priority SECURED PRIORITY CL                     | AIM   |                                | Brief description of   | _                      | _   |
|            | Check this box if you have a                                 | an unsecured claim all or part of which is  |                                | Real Estate  | Motor Vehicle          | U Other   |
|            | entitled to priority  Amount entitled to priority            | œ   |                                | Value of Collateral  |                        |   |
|            | Specify the priority of the ck                               | پ   |                                | Amount of arrearage ar<br>secured claim if any                 | nd other charges<br>\$ | at time case filed included in                                |
|            |  | a<br>s under 11 U S C § 507(a)(1)(A) or (a)(1)(B)   | , г                            | Up to \$2 225 of deposits toward                               | ard ourchase lease     | or rental of property or                                      |
| $\Box$     | Wages salanes or commis                                      | sions (up to \$10 000) earned within 180 day<br>cy petition or cessation of the debtor's  | ys _                           | services for personal family o                                 | or household use 11    | USC § 507(a)(7)   |
|            | business whichever is earli                                  | er 11 U S C § 507(a)(4)   | F                              | Taxes or penalties owed to go  Other Specify applicable para   |                        |   |
|            | Contributions to an employe                                  | ee benefit plan 11 U S C § 507(a)(5)  | _                              | * Amounts are subject to adjus<br>with respect to cases commen | stment on 4/1/07 and   | d every 3 years thereafter                                    |
|            | OTAL AMOUNT OF CLA<br>AT TIME CASE FILED                     | IM \$40,000 00 \$   |                                | \$   |                        | A 11.   |
|            |  | (unsecured)   | ,                              | secured)   | ( pnonty)              | (Total)   |
|            |  | ides interest or other charges in addition to   |                                |  |                        |   |
| 6 C        | CREDITS The amount of  | f all payments on this claim has been cr  | edited and                     | deducted for the purpose of m                                  | naking this proof o    | f claim   |
| [          | unning accounts contrac                                      | <b>IENTS</b> <u>Attach copies of supporting do</u><br>ts court judgments mortgages security<br>uments are not available explain. If the | / agreemen                     | ts and evidence of perfection                                  | of lien DO NOT         | SEND ORIGINAL   |
| 8 C        |  | Y To receive an acknowledgment of t   |                                |  |                        | envelope and copy of this                                     |
|            | The original of this comp                                    | pleted proof of claim form must be se   | nt by mail                     | or hand delivered (FAXES N                                     | ЮТ                     | THIS SPACE FOR COURT  |
| ĺí         | or each person or entity                                     | actually received on or before 5 00 p<br>r (including individuals, partnerships,  | m, prevann<br>, corporatio     | ig Pacific time, on Novembe<br>ins, joint ventures, trusts an  | er 13, 2006<br>nd      | USE ONLY  |
| 9          | overnmental units)<br>BY MAIL TO<br>BMC Group                |   | BY HAND                        | OR OVERNIGHT DELIVERY TO                                       |                        |   |
|            | BMC Group<br>Attn_USACM Claims Docl                          | keting Center   | BMC Gro                        |  | - 1                    |   |
| F          | P O Box 911<br>El Segundo CA 90245-09                        | •   | 1330 Eas                       | t Franklin Avenue<br>do CA 90245                               | F                      | LED DEC 11 2006   |
| DAT        |  | SIGN and print the name and tipe if any of  | the creditor o                 |  |                        |   |
|            | 17/5/1/2   | this claim (attach capy in power of this  | orney if any)                  |  |                        | USA CMC   |
| /          | 40/00  | wing term   | y                              |  |                        |   |

| UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA  | PRO   | OOF OF CLAIM  |   |  |
|--|---|---|---|--|
| Name of Debtor   | Case Nu   | umber   |   |  |
| USA Commercial Mortgage Company  | 06  | -10725-LBR  |   |  |
| NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expansing after the commencement of the case. A request for payment administrative expense may be filed pursuant to 11 U.S.C. § 503                                 |   | Check box if you are aware that anyone else has filed a proof of claim relating to  |   |  |
| Name of Creditor and Address   |   | your claim Attach copy of<br>statement giving particulars   | ļ   |  |
| Lynn & FRTTONY, IRA POBEX 5986 Incluse Viloge, NV 8945   | ð   | Check box if you have never received any notices from the bankruptcy court or BMC Group in this case  Check box if this address | SECURED INTER<br>ONE OF THE DE                                  |  |
| The live of the  |   | differs from the address on the<br>envelope sent to you by the  |   | eady filed a proof of claim with the<br>or BMC you do not need to file again |
| Creditor Telephone Number (77)5 832 2655   |   | court   | THIS SPAC   | E IS FOR COURT USE ONLY  |
| Last four digits of account or other number by which creditor identifies of  | debtor  | Check here replace of this claim amen   | a previously  | / filed claim dated  |
| 1 BASIS FOR CLAIM  | Retiree   | benefits as defined in 11 U S   | C § 1114(a)   | Unremitted principal   |
| Goods sold Personal injury/wrongful death Services performed Taxes   |   | salaries and compensation (   | fill out below)   | Other claims against servicer (not for loan balances)                        |
| Money loaned Other (describe briefly)  |   | r digits of your SS #<br>compensation for services pe   | formed from   | to   |
|  | •   | <u> </u>  |   | (date) (date)  |
| 2 DATE DEBT WAS INCURRED 4 /4/05 4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that   |   | OURT JUDGMENT, DATE C   |   | he time case filed   |
| See reverse side for important explanations  | t best desci  | SECURED CLAIM   | and of the definition   | ine time case med  |
| UNSECURED NONPRIORITY CLAIM \$ 79 200 00   |   |   | our claim is secu   | red by collateral (including   |
| Check this box if a) there is no collateral or lien securing your claim or b) exceeds the value of the property securing it or if c) none or only part of you  |   | a right of setoff)  |   |  |
| entitled to priority UNSECURED PRIORITY CLAIM  |   | Brief description of  | _   | <b>—</b>   |
| Check this box if you have an unsecured claim all or part of which is  |   | Real Estate   |   | Other  |
| entitled to priority  Amount entitled to priority \$   |   | Value of Collateral   | \$<br>and other charges   | <br>at time case filed included in   |
| Specify the priority of the claim  |   | secured claim if any  |   | at time case filed included in   |
| Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)  |   | Up to \$2 225 of deposits toward  |   |  |
| Wages salaries or commissions (up to \$10 000) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's  | ·   | services for personal family of Taxes or penalties owed to go   |   |  |
| business whichever is earlier 11 U S C § 507(a)(4)   |   | Other Specify applicable para   |   | * ' ' ' '  |
| Contributions to an employee benefit plan 11 U S C § 507(a)(5)   |   | Amounts are subject to adjust<br>with respect to cases commen   |   |  |
| 5 TOTAL AMOUNT OF CLAIM \$ 79,005 \$   |   | \$  |   | \$ 79,000 0)   |
| (unsecured)  [ Check this box if claim includes interest or other charges in addition to the   | ,   | secured)<br>amount of the claim. Attach ite   | ( priority)<br>mized statement (                                | (Total) of all interest or additional charges                                |
| 6 CREDITS The amount of all payments on this claim has been cred 7 SUPPORTING DOCUMENTS Attach copies of supporting documents are not available explain. If the documents are not available explain. If the documents are not available explain. If the documents are not available explain. | dited and d<br>uments, su<br>agreement<br>documents | deducted for the purpose of much as promissory notes pure ts and evidence of perfections are voluminous attach a sur            | naking this proof<br>chase orders inv<br>of lien DO NO<br>mmary | of claim<br>roices itemized statements of<br>iT SEND ORIGINAL                |
| proof of claim   |   |   |   |  |
| The original of this completed proof of claim form must be sen ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals partnerships of governmental units)   | prevailir   | ng Pacific time, on Novembe   | er 13 2006  | THIS SPACE FOR COURT USE ONLY  |
| By MAIL TO BMC Group   | BY HAND<br>BMC Gro                                  | OR OVERNIGHT DELIVERY TO  |   |  |
| Atm USACM Claims Docketing Center P O Box 9.1  | Attn USA  | ACM Claims Docketing Cente<br>st Franklin Avenue  | r<br><b>1</b>   | ווו בח חדים בי   |
| FI Segundo CA 90245 0911   | FI Segun  | do CA 90245   |   | ILED DEC 11 2006   |
| DATE  SIGN and print the name and title if any of the this claim attach copy of power of attorn  A Copy of power of attorn   |   |   | 71  | USA CMC  |
| - Oryna  |   | eary - K  | <i>d</i>  |  |

Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment for up to 5 years of both 18 U.S.C. §§ 152 AND 3571

| JNIHD STAILS BANKRUPICY COURT   | DISTRICT OF /Verace REFERENCES  | A I N A    |
|---|---|------------|
| ame of Debtor   | DISTRICT OF Nevada RECEINEDFANDY  | TILE       |
| USA Commercial Moretgage  | AUD AUD   | 3. U       |
| OTF This form should not be used to make a daint for an admitted the cise. A request for payment of an administrative expense   | e may be filed pursuant to 11 USC § 503   |            |
| Name of Creditor (The person or othe entity to whom the lebtor owes money or property)  Foliated C, TRASIR, TRA   | Check box if you are aware that anyone PA RICIA GRAY CI giving particulars  Check box if you have never received any  | OUR<br>ERK |
| Name and address where notices should be sent.  Educated C. Texts C.  14220 Socret LN.  1800 NY 8351  | notices from the bankruptcy court in this case  Check box if the address differs from the address on the envelope sent to you by  This Stact is for Court   | Usi Osi    |
| Telephone number 797 (273) 857-67  Last four digits of account or other number by which creditor dentifies debtor   | Check here replaces  If this claim amends a previously filed claim dated  |            |
| Basis for Claim Goods sold Services performed Money loaned Personal injury/wrongful death Taxes Other   | Retiree benefits as defined in 11 USC § 1114(a)  Wagus salaries and compensation (fill out below)  Last four digits of your SS #  Unpaid compensation for services performed  from                              |            |
| 2 Date debt was incurred  | 3 If court judgment, date obtained  |            |
| See reverse side for important explanations  Unsecured Nonpriority Claim \$   | Brief Description of Collateral  Real Estate  | F proper   |
|   | (unsecured) (secured) (priority) (Tota in addition to the principal amount of the claim. Attach itemized statement of   |            |
| 6 Credits The amount of all payments on this claim has making this proof of claim 7 Supporting Documents Attach copies of supporting diorders invoices itemized statements of running accounts agreements and evidence of perfection of lien. DO NOT documents are not available explain. If the documents are 8 Date Stamped Copy. To receive an acknowledgment of addressed envelope and copy of this proof of claim. | contracts court judgments mortgages security T SEND ORIGINAL DOCUMENTS If the e voluminous attach a summary f the filing of your claim enclose a stamped self- ny of the creditor or other person authorized to | IAO IPĒ    |

| Case 06-10725-gwz Doc 8883  |                 | ntered 08/08/11 17   | :03:59cape            | rge-6×of 40  |
|---|-----------------|--|-----------------------|--|
| UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA   | PRO             | OOF OF CLAIM   | YOUR CL               | AIM IS SCHEDULED AS  |
| Name of Debtor  | Case Nu         | ımher  | Schedule/Claim II     | l l  |
|   |                 |  | Amount/Classifica     | ation  |
| USA Commercial Mortgage Company   | 06-107          | 725-LBR  | \$14.500-18-1         | <del>laret</del>   |
| NOTE Can Payora for Late (Dallace and On No. 1  | <u> </u>        |  | 22 5/                 | 1,44 Socued.   |
| NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative ex   | pense           | Check box if you are   | 15,00                 |  |
| arising after the commencement of the case. A request for payment   | of an           | aware that anyone else has filed a proof of claim relating       |                       |  |
| administrative expense may be filed pursuant to 11 U S C § 503  |                 | to your claim Attach copy of                                     |                       | cted above constitute your claim as<br>Debtor or pursuant to a filed claim. If |
| Name of Creditor and Address  | 001113          | statement giving particulars                                     | you agree with the    | amounts set forth herein and have no   |
| JOYCE E SMITH TRUST DATED 11/3/99   | ,01110          | Check box if you have  |                       | t the Debtor you do not need to file<br>EXCEPT as stated below                 |
| C/O JOYCE E SMITH TRUSTEE   |                 | never received any notices<br>from the bankruptcy court or       | If the amounts sh     | own above are listed as Contingent,  |
| 3080 RED SPRINGS DR<br>LAS VEGAS NV 89135 1548  |                 | BMC Group in this case   | Unliquidated or E     | Disputed a proof of claim must be  |
|   |                 | Check box if this address differs from the address on the        |                       | eady filed a proof of claim with the   |
|   |                 | envelope sent to you by the                                      |                       | or BMC you do not need to file again   |
| Creditor Telephone Number (702) 240-808 7   |                 | court  | THIS SPAC             | CE IS FOR COURT USE ONLY   |
| Last four digits of account or other number by which creditor identifies  | debtor          | Check here repla   | ces                   | / filed claim dated  |
| Act 2296  |                 | if this claim amer   |                       | / nieu ciaini uateu  |
| 1 BASIS FOR CLAIM   | Retiree         | benefits as defined in 11 U S                                    | C § 1114(a)           | Unremitted principal   |
| Goods sold Personal injury/wrongful death   |                 | salaries and compensation  |                       | Other claims against servicer  |
| Services performed Taxes  |                 | r digits of your SS #  |                       | (not for loan balances)  |
| Money loaned  |                 | compensation for services pe                                     | erformed from         | to   |
|   |                 |  |                       | (date) (date)  |
| 2 DATE DEBT WAS INCURRED 7-22-05  |                 | OURT JUDGMENT, DATE (  |                       |  |
| 4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that<br>See reverse side for important explanations              | best descri     | be your claim and state the amou                                 | nt of the claim at th | e time case filed  |
| UNSECURED NONPRIORITY CLAIM \$  |                 | SECURED CLAIM  |                       |  |
| Check this box if a) there is no collateral or lien securing your claim or b) y   | our claim       | Samuel .   | our claim is secu     | ired by collateral (including  |
| exceeds the value of the property securing it or if c) none or only part of you entitled to priority                          | ur claim is     | a right of setoff)  Brief description of                         | facilistaral          |  |
| UNSECURED PRIORITY CLAIM  |                 |  |                       |  |
| Check this box if you have an unsecured claim all or part of which is   |                 | Real Estate  |                       | Other  |
| entitled to priority  |                 | Value of Collateral  |                       | 501.   |
| Amount entitled to priority \$  |                 | Amount of arrearage a  | nd other charges      | at time case filed included in   |
| Specify the priority of the claim  Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)                    | -               | secured claim if any   | *                     | 161.19   |
| Wages salanes or commissions (up to \$10 000) earned within 180 days  | L               | Up to \$2 225 of deposits toward services for personal family of |                       |  |
| before filing of the bankruptcy petition or cessation of the debtor's   | Г               | Taxes or penalties owed to go                                    |                       | * ' ' ' '  |
| business whichever is earlier 11 U.S.C. § 507(a)(4)   | Ē               | Other Specify applicable para                                    |                       |  |
| Contributions to an employee benefit plan 11 USC § 507(a)(5)  |                 | Amounts are subject to adjus                                     |                       |  |
| 5 TOTAL AMOUNT OF CLAIM \$  | 77              | with respect to cases commen                                     | iced on or after the  | T 75 = -   |
| AT TIME CASE FILED (unsecured)  | - <del>57</del> | 561, 49\$  | ( pnority)            | \$ 33,561,44,<br>(Total)   |
| Check this box if claim includes interest or other charges in addition to the   |                 | •  | ***                   | , ,  |
|   |                 |  |                       |  |
| 6 CREDITS The amount of all payments on this claim has been cre 7 SUPPORTING DOCUMENTS <u>Attach copies of supporting doc</u> | edited and      | deducted for the purpose of                                      | making this proo      | t of claim   |
| running accounts contracts, court judgments mortgages, security   | agreemer        | nts and evidence of perfection                                   | noflien DON           | OT SEND ORIGINAL   |
| DOCUMENTS If the documents are not available explain. If the  | document        | s are voluminous attach a si                                     | ımmary                |  |
| 8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim  | e filing of     | your claim enclose a stampe                                      | ed self addresse      | d envelope and copy of this  |
| The original of this completed proof of claim form must be set  | nt by mail      | or hand delivered (FAXES   | NOT                   | THIS SPACE FOR COURT   |
| ACCEPTED) so that it is actually received on or before 5 00 pm  | n, prevaili     | ing Pacific time, on Noveml                                      | ber 13, 2006          | USE ONLY   |
| for each person or entity (including individuals, partnerships, governmental units)   | corporati       | ons, joint ventures, trusts a                                    | and                   |  |
| BY MAIL TO<br>BMC Group   |                 | OR OVERNIGHT DELIVERY (C   | )                     | FILED OCT 3 1 2006   |
| Attn USACM Claims Docketing Center  | Attn US         | ACM Claims Docketing Cente                                       | er                    |  |
| P O Box 911<br>El Segundo CA 90245 0911   |                 | st Franklin Avenue   |                       | 1104 0   |
| DATE SIGN and print the name and title if any of the  |                 | rother person authorized to file                                 |                       | USA CMC  |
| this claim (attach copy of power of attorn  |                 | -  |                       | 1072500895   |
| 10-28-06 ( Nouve & Am   | ill.            | brusles.   |                       |  |
| Penalty for presenting fraudulent graim is a fine of up to \$500 000 or imprisonmen   | nt for up to 5  | years or both 18 USC §§ 15                                       | 52 AND 3571           |  |
| $\nu$   |                 |  |                       |  |

| Caso 06 10785 owy - Doc 9993   | 200 F pt                                      | oran 09/09/14/47:0  | )3:E2Dan  | 0.7 of 10   |
|--|---|---|---|---|
| UNITED STATES IS ASO (USTAU)(25 (10) - Clair   | PRO   | OF OF CLAIM   | <del>)\$:5</del> 9e 1P919   | MIL OI TO   |
| Name of Debtor:  | Case Nur                                      | nber:   |   |   |
| USA Commercial Mortgage Company  | 06-107  | 25-LBR  |   |   |
| NOTE: See Reverse for List of Debtors and Case Numbers. This form should not be used to make a claim for an administrative expensions after the commencement of the case. A "request" for payment of administrative expense may be filed pursuant to 11 U.S.C. § 503.  | of an   | Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of   |   | Y OWED MONEY BY A BORROWER<br>BEING SERVICED BY THE   |
| Name of Creditor and Address:  MORGAN, KENNETH 3080 RED SPRINGS DRIVE LAS VEGAS NV 89135   | 6   | statement giving particulars.  Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.  Check box if this address differs from the address on the envelope sent to you by the | DEBTORS YOU DOF CLAIM. THIS BORROWER HELD DO NOT FILE THIS SECURED INTER ONE OF THE DEI | DO <u>NOT</u> HAVE TO FILE A PROOF INCLUDES MONEY FROM THAT LD IN THE COLLECTION ACCOUNT.  IS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT |
| Creditor Telephone Number (102). 809-9922  |   | court.  | THIS SPAC   | E IS FOR COURT USE ONLY   |
| Last four digits of account or other number by which creditor identifies d   | debtor:                                       | Check here replace or amen  | a proviouely  | filed claim dated:  |
| 1. BASIS FOR CLAIM   | Retiree be                                    | enefits as defined in 11 U.S.   | C. § 1114(a)  | Unremitted principal  |
| Goods sold Personal injury/wrongful death  | Wages, s                                      | alaries, and compensation (   | fill out below)   | Other claims against servicer   |
| Services performed Taxes   |   | digits of your SS #:  |   | (not for loan balances)   |
| Money loaned United Other (describe briefly)   | Unpaid co                                     | empensation for services per  | rformed from:   | to  |
| 2. DATE DEBT WAS INCURRED: 7-31-2005   | 3. IF CC                                      | OURT JUDGMENT, DATE C   | BTAINED:  | (date) (date)   |
| 4. CLASSIFICATION OF CLAIM. Check the appropriate box or boxes that  |   |   |   | he time case filed.   |
| See reverse side for important explanations.   |   | SECURED CLAIM   |   |   |
| UNSECURED NONPRIORITY CLAIM \$  Check this box if: a) there is no collateral or lien securing your claim, or b)  | vour claim                                    | Check this box if yo  | our claim is secur  | red by collateral (including  |
| exceeds the value of the property securing it, or if c) none or only part of yo  |   | a right of setoff).   |   |   |
| entitled to priority.  UNSECURED PRIORITY CLAIM  |   | Brief description of  | _   |   |
| Check this box if you have an unsecured claim, all or part of which is   |   | Real Estate   | Motor Vehicle   | Other   |
| entitled to priority.  |   | Value of Collateral:  | · · ·   |   |
| Amount entitled to priority \$   |   | Amount of arrearage ar secured claim, if any:   |   | at time case filed included in  |
| Specify the priority of the claim:   | _   |   |   |   |
| Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)  Wages, salaries, or commissions (up to \$10,000)*, earned within 180 days  | Ш   | Up to \$2,225* of deposits towa<br>services for personal, family, or  |   |   |
| before filing of the bankruptcy petition or cessation of the debtor's  |   | Taxes or penalties owed to go   |   | • ,   |
| business, whichever is earlier - 11 U.S.C. § 507(a)(4).  |   | Other - Specify applicable part   |   | *   |
| Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).   |   | * Amounts are subject to adjust<br>with respect to cases commen   |   |   |
| 5. TOTAL AMOUNT OF CLAIM \$ \$   |   | \$  |   | \$  |
| AT TIME CASE FILED: (unsecured)  | (Se   | ecured)   | ( priority)   | (Total)   |
| Check this box if claim includes interest or other charges in addition to the  | e principal a                                 | amount of the claim. Attach ite   | mized statement o   | f all interest or additional charges.   |
| <ol> <li>CREDITS: The amount of all payments on this claim has been cred.</li> <li>SUPPORTING DOCUMENTS: <u>Attach copies of supporting documents</u> running accounts, contracts, court judgments, mortgages, security a DOCUMENTS. If the documents are not available, explain. If the d.</li> <li>DATE-STAMPED COPY: To receive an acknowledgment of the proof of claim.</li> </ol> | <u>iments.</u> sur<br>agreements<br>locuments | ch as promissory notes, pure<br>s, and evidence of perfection<br>are voluminous, attach a sur   | chase orders, inv<br>of lien. DO NO<br>mmary.   | oices, itemized statements of<br>T SEND ORIGINAL  |
| The original of this completed proof of claim form must be sent ACCEPTED) so that it is actually received on or before 5:00 pm for each person or entity (including individuals, partnerships, c   | , prevailing                                  | g Pacific time, on Novemb   | er 13, 2006   | THIS SPACE FOR COURT<br>USE ONLY  |
| governmental units). BY MAIL TO:   |   | OR OVERNIGHT DELIVERY TO  | ):  |   |
| BMC Group Attn: USACM Claims Docketing Center  | Attn: USA                                     | ıp<br>CM Claims Docketing Cente   | er  |   |
| P. O. Box 911  | 1330 East                                     | Franklin Avenue   |   |   |
| El Segundo, CA 90245-0911  DATE  SIGN and print the name and title, if any, of the   |   | o, CA 90245<br>other person authorized to file  |   |   |
| this claim (attach copy of power of attorn   | ney, if any):                                 |   | _   |   |
| 10-27-06 KMMean K  | ENNOT   | 4 MORGAD, TR  | USTOC   |   |

| Case 06-10725-gwz Doc 888   | 3-3_E                                      | ntered 08/08/11 17   | 7:03:53 Pa   | age 8 of 10  |   |
|---|--|--|--|--|---|
|   | PRO  | OOF OF CLAIM   | YOUR CLA   | AIM IS SCHEDU  | LED AS  |
| Name of Debtor  | Case Nu                                    | mber   | ~  | •  |   |
| USA Commercial Mortgage Company   |  | 725-LBR  | 14   |  |   |
| NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expansing after the commencement of the case A "request for payment administrative expense may be filed pursuant to 11 U S C § 503 |  | Check box if you are aware that anyone else has filed a proof of claim relating  | The amounts reflec   | cted above constitute yo   | our ciaim as  |
| Name of Creditor and Address  | 002952                                     | to your claim. Attach copy of statement giving particulars.  Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.  Check box if this address differs from the address on the envelope sent to you by the court. | scheduled by the D<br>you agree with the<br>other claim against<br>this proof of claim E<br>If the amounts sho<br>Unliquidated or Di<br>filed<br>If you have alre<br>Bankruptcy Court of | nebtor or pursuant to a finamounts set forth hereing the Debtor you do not eXCEPT as stated below own above are listed a sputed a proof of claim addy filed a proof of claim or BMC you do not need to the seater of | and claim If an and have no need to file w  s Contingent, arm must be  m with the again |
| Last four digits of account or other number by which creditor identifies  | debtor                                     | <b></b>  |  |  |   |
| 0003  |  | Check here repla<br>of this claim amer   | <ul> <li>a previously</li> </ul>   | filed claim dated  |   |
| 1 BASIS FOR CLAIM ☐ Goods sold ☐ Personal injury/wrongful death ☐ Services performed ☐ Taxes ☐ Money loaned ☐ Other (describe briefly)  | Wages<br>Last four                         | penefits as defined in 11 U S salaries and compensation of digits of your SS #   | (fill out below)   | Unremitted prii Other claims a (not for loan bal   | gainst service  |
|   |  |  |  | (date)   | (date)  |
| 2 DATE DEBT WAS INCURRED 4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that See reverse side for important explanations  |  | OURT JUDGMENT, DATE One your claim and state the amou  |  | e time case filed  |   |
|   |  | SECURED CLAIM  |  |  |   |
| UNSECURED NONPRIORITY CLAIM \$  Check this box if a) there is no collateral or fien securing your claim or b) y exceeds the value of the property securing it or if c) none or only part of you entitled to priority  | our claim<br>or claim is                   | Check this box if you a right of setoff)  Brief description of   |  | red by collateral (inc   | luding  |
| UNSECURED PRIORITY CLAIM  Check this box if you have an unsecured claim all or part of which is entitled to priority  |  | Real Estate  Value of Collateral   | Motor Vehicle  | Other  |   |
| Amount entitled to priority \$  |  | Amount of arrearage a  | ·  | at time case filed in  | cluded in   |
| Specify the priority of the claim   |  | secured claim if any   | \$   | at time case med in  | ioladoa III   |
| Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)   | Г  | Up to \$2 225 of deposits toward   | ard purchase lease   | or rental of property or   |   |
| Wages salaries or commissions (up to \$10 000) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4)  |  | services for personal family of<br>Taxes or penalties owed to go   | r household use 11<br>vemmental units 1  | 1 U S C § 507(a)(7)<br>1 U S C § 507(a)(8)   |   |
| Contributions to an employee benefit plan 11 U S C § 507(a)(5)  | L.   | Other Specify applicable para<br>Amounts are subject to adjus<br>with respect to cases commen  | tment on 4/1/07 and  | d every 3 years thereaft   | er  |
| AT TOME CASE FILED  | 30,0                                       |  | 4  | \$ 30,00   |   |
| (unsecured)  Check this box if claim includes interest or other charges in addition to the  | •  | ecured)<br>amount of the claim Attach ite  | ( pnority)<br>imized statement o   | To)<br>of all interest or addition   | •   |
| 6 CREDITS The amount of all payments on this claim has been cre 7 SUPPORTING DOCUMENTS Attach copies of supporting doct running accounts contracts court judgments mortgages security DOCUMENTS If the documents are not available explain. If the          | <i>uments.</i> su<br>agreemen<br>documents | ich as promissory notes pur<br>ts and evidence of perfectio<br>s are voluminous attach a su  | chase orders inv<br>n of lien DO NO<br>immary  | roices itemized state<br>DT SEND ORIGINAL  | -   |
| 8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim  | e filing of y                              | our claim enclose a stampe   | d self addressed   | d envelope and copy  | of this   |
| The original of this completed proof of claim form must be ser ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships, governmental units)   | n, prevaili                                | ng Pacific time, on Novemi   | per 13, 2006   | THIS SPACE FO  | ILY   |
| BY MAIL TO BMC Group Attn USACM Claims Docketing Center P O Box 911   | BMC Gro                                    | OR OVERNIGHT DELIVERY TO<br>up<br>CM Claims Docketing Cente<br>t Franklin Avenue   | į  | FILED NOV  |   |
| El Segundo CA 90245 0911  | El Seguno                                  | do CA 90245  |  | USA CM   | ИС<br>  ( <b>  ()] 1  </b>  |
| SIGN and print the name and title if any of the this claim (attach copy of power of attorn  ONTRICK IF. C. Sulli  | ney if any)                                | other person authorized to file  | the !  | 10725010<br>10725010   | <b>                                     </b>  |
| Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment  | t for up to 6                              | your or both 19115 h se 15   | 2 AND 3571   |  |   |

| FORM B10 (OMCHI FORM 10) (4798) +*PLEASE   | NOTE INSTRUCTION ON REVERSE SIDE**   | 7-00-E0                                  |  |
|--|--|--|--|
| UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVA  | -3 Entered 08/08/11 1<br>DA  | 7.03.53 Pa<br>PROOF OF CLA               | IM - Chapter   |
| Name of Debtor USA COMMERCIAL MORTGAGE COMPANY   | Case Number BK-S-06-10725-LBR  | (This space for cour                     | t use)   |
| NOTE This form NOT be used to make a chain for an administrative expense case. A request for payment of an administrative expense may be filed pu  |  |  |  |
| Name of Creditor (The person or other entity to whom the debtor owes money or property)  ROCKLIN/REDDING LLC   | ☐ Check box if you are aware that<br>anyone else has filed a proof of<br>claim relating to your claim<br>Attach copy of statement<br>Gizing particulars    | , f                                      |  |
| Name & Address where notice should be sent   | □ Check box if you have never received any notices from the bankruptcy court In this case  | 733211                                   | 2/26/0b  |
| Stephen R Harris, Esq Belding, Harris & Petroni, Ltd 417 W Plumb Lane Reno, NV 89509   | ☐ Check box if the address differs from the address differs from the address on the envelope sent to you by the court                                      | 1/                                       | 720/06   |
| Telephone number (775) 786-7600  Account or other number by which creditor identifies debtor   | Check here if this claim   |  |  |
|  | □ Replaces □ Amends  | A previously                             | filed claim dated  |
| 1 BASIS FOR CLAIM  Goods Sold  Services Performed Money loaned Personal Injury wrongful death Taxes Other  | Retiree benefits as defined in 11 U S C ! Wages, salaries, and compensation (FILL Your Social Security # Unpaid compensation for services perfor (Date) To | OUT BELOW) med from                      |  |
| 2 Date debt w is incurred 4/01/05 Hesperia II (So Cal Li   | and Dev ) 3  | f court judgment, dat                    | e obtained   |
| 4 Total amount of claim at time case filed \$\_\$150,000 00 plus  If all or part of your claim is secured or entitled to priority also complete  Check this box if claim includes interest, or other charges in addition | Item 5 or 6 below  |  |  |
| 5 Secured Claim  Check thir box if your claim is secured by collateral (Including a right of setoff)   | 6 Unsecured Priority Claim  Check this box if you have an unse  Amount entitled to priority \$   |  |  |
| Brief description of collateral  | Specify the priority of the claim  |  |  |
| Real Estate  | Bankruptcy petition or cessation §507(a)(3)  | of the debtor's busin                    | d within 90 days before filing of the<br>less, whichever is earlier 11 U S C |
| Unknown  | family or household use - 11 U   | d purchase, lease or r<br>S C §507(a)(6) | ental of property or services for personal                                   |
| Amount of arrearage and other charges <u>at time case filed</u> included unsecured claim if any  | □ Alimony maintenance or suppo<br>§507(a)(7)<br>□ Taxes or penalties owed to gove<br>□ OTHER Specify applicable para                                       | rnmental units 11 U                      | S C §507(a)(8)   |
| \$ to be determined.   |  | 4/1/98 and every thre                    | ee years thereafter with respect to cases                                    |
| 7 Credits the amount of all payments on this claim has ben credited and de   | ducted for the nurnose of making this are  | of of claim                              | (This space for court use )  |
| Supporting documents attach copies of supporting documents, such as pustatements of running accounts, contracts court judgments mortgages so DO NOT SEND ORIGINAL DOCUMENTS—If the documents are not available summary   | romissory notes, purchase orders invoices<br>security agreements and evidence of perfe   | itemized<br>ction of lien                | (This space for court use)   |
| Date Stamped copy To receive an acknowledgment of the filing of your category of this proof of claim   | laım enclose a stamped, self addressed ei  | ·  | ILED DEC <b>2 6</b> 2006   |
| Date Sign and print the name and title if any of the creditor or of claim (attach copy of power of attorney, frany)  | her person authorized to file this   |  |  |
| CANH.  | Stephen R Harris Attorney for Cred   | itor                                     | USA CMC  |
| Penalty for presenting fraudulent claim. Fine of up to   | \$500,000 or imprisonment for up to 5 year   | ors or both 18 U S C                     | 1072501749   |

| Form 810 (Official Form 60)(4/88)06 10725 GWZ Doc 5003  | DA  | PROOF OF CLAIM - Chapter  13 11 17 12 Other   |
|---|---|---|
| LICA COMMEDIAL MODECACE   | Case Number   | (This space for court use)  |
| Name of Debtor USA COMMERCIAL MORTGAGE  | BY C 06 10725 155   |   |
| COMPANY   | BK-S-06-10725-LBR   |   |
|   |   |   |
| NOTE This form NOT be used to make a chain for an administrative expense case. A request for payment of an administrative expense may be filed pur  | arising after the commencement of the suant to 11 U S C §503  |   |
| Name of Creditor (The person or other entity to whom the debtor owes  | D Check box if you are aware that   |   |
| money or property)  | anyone else has filed a proof of claim relating to your claim   | ul 1  |
| FRANK SNOPKO TRUSTEE OF THE SNOPKO 1981   | Attach copy of statement<br>Giving particulars  | 12/26/06  |
| TRUST DATED 10/27/81  |   | 1 . 1   |
|   | Check box if you have never received any notices from the   | 12/26/06  |
| Name & Address where notice should be sent  | bankruptcy court In this case   |   |
| Stephen R Harris, Esq   | □ Check box If the address differs  |   |
| Belding, Harris & Petroni, Ltd  | from the address differs from the address on the envelope sent to   |   |
| 417 W Plumb Lane  | you by the court  |   |
| Reno, NV 89509  |   |   |
| Telephone number (775) 786-7600   |   |   |
| Account or other number by which creditor identifies debtor   | Check here if this claim  |   |
| Account of other number by which creater identifies assess  | ☐ Replaces ☐ Amends   | A previously filed claim, dated   |
|   | a Replaces a Amenas   | ,   |
| 1 BASIS FOR CLAIM   | Retiree benefits as defined in 11 U S C   | 51114(a)  |
| Goods Sold  |   | OUT BELOW)  |
| Services Performed Money loaned   | Your Social Security # Unpaid compensation for services perfo   | rmed from   |
| Personal Injury wrongful death  | (Date) To   | (Date)  |
| Taxes     Other   |   |   |
|   |   |   |
| 2 Date debt was incurred 4/01/05 Hesperia II (So Cal Li   | and Dev ) 3 If court ;  | udgment date obtained   |
| +250,000,00 mlum  | distance attornoys  | foos and costs  |
| 4 Total amount of claim at time case filed \$ \$250,000 00 plus   | accrued interest, attorneys   | rees and costs_   |
|   |   |   |
| If all or part of your claim is secured or entitled to priority also complete   |   |   |
| If all or part of your claim is secured or entitled to priority also complete  Check this box if claim includes interest or other charges in addition   | Item 5 or 6 below   |   |
| 1 /   | Item 5 or 6 below   |   |
| Check this box if claim includes interest or other charges in addition  | Item 5 or 6 below to the principal amount of the claim Atta   |   |
| Check this box if claim includes interest or other charges in addition  5 Secured Claim   | to the principal amount of the claim Atta  6 Unsecured Priority Claim  Check this box if you have an un   | ach an itemized statement of all interest or additional charges   |
| Check this box if claim includes interest or other charges in addition  5 Secured Claim  Check this box if your claim is secured by collateral  | Item 5 or 6 below to the principal amount of the claim Atta   | ach an itemized statement of all interest or additional charges   |
| Check this box if claim includes interest or other charges in addition  5 Secured Claim  Check this box if your claim is secured by collateral (Including a right of setoff)  | to the principal amount of the claim Atta  6 Unsecured Priority Claim  Check this box if you have an un   | ach an itemized statement of all interest or additional charges   |
| Check this box if claim includes interest or other charges in addition  5 Secured Claim Check this box if your claim is secured by collateral (Including a right of setoff)  Brief description of collateral  | to the principal amount of the claim Atta  6 Unsecured Priority Claim  Check this box if you have an un Amount entitled to priority \$  Specify the priority of the claim   | secured priority claim  |
| Check this box if claim includes interest or other charges in addition  5 Secured Claim  Check this box if your claim is secured by collateral (Including a right of setoff)  | to the principal amount of the claim Atta  6 Unsecured Priority Claim  Check this box if you have an un Amount entitled to priority \$  Specify the priority of the claim   | ach an itemized statement of all interest or additional charges secured priority claim  |
| Check this box if claim includes interest or other charges in addition  5 Secured Claim Check this box if your claim is secured by collateral (Including a right of setoff)  Brief description of collateral  | 6 Unsecured Priority Claim Check this box if you have an un Amount entitled to priority \$  Specify the priority of the claim Wages salaries or commission Bankruptcy petition, or cessati \$507(a)(3)  | secured priority claim  ns up to \$4,300* earned within 90 days before filing of the on of the debtor's business, whichever is earlier 11 U S C enefit plan 11 U S C § 507(a)(4)  |
| Check this box if claim includes interest or other charges in addition  5 Secured Claim  Check this box if your claim is secured by collateral (Including a right of setoff)  Brief description of collateral  Real Estate  | 6 Unsecured Priority Claim Check this box if you have an un Amount entitled to priority \$  Specify the priority of the claim Wages salaries or commission Bankruptcy petition, or cessati \$507(a)(3) Contribution to an employee b Up to \$1 950* of deposits tows  | secured priority claim  secure  |
| Check this box if claim includes interest or other charges in addition  Secured Claim Check this box if your claim is secured by collateral (Including a right of setoff)  Brief description of collateral Real Estate  | 6 Unsecured Priority Claim Check this box if you have an un Amount entitled to priority \$  Specify the priority of the claim Wages salaries or commission Bankruptcy petition, or cessati \$507(a)(3) Contribution to an employee b Up to \$1 950* of deposits tows  | secured priority claim  secured priority claim  sup to \$4,300* earned within 90 days before filing of the on of the debtor's business, whichever is earlier 11 U S C enefit plan 11 U S C § 507(a)(4) and purchase, lease or rental of property or services for personal   |
| Check this box if claim includes interest or other charges in addition  5 Secured Claim  Check this box if your claim is secured by collateral (Including a right of setoff)  Brief description of collateral  Real Estate  Other  Other  | 6 Unsecured Priority Claim Check this box if you have an un Amount entitled to priority \$\frac{1}{2}\$  Specify the priority of the claim Wages salaries or commission Bankruptcy petition, or cessati \$507(a)(3) Contribution to an employee b Up to \$1 950* of deposits tows family or household use - 11 t Alimony, maintenance, or sup; \$507(a)(7) Taxes or penalties owed to gove  | secured priority claim  secured priority claim  sup to \$4,300* earned within 90 days before filing of the on of the debtor's business, whichever is earlier 11 U S C enefit plan 11 U S C § 507(a)(4)  and purchase, lease or rental of property or services for personal U S C §507(a)(6)  bort owed to a spouse former spouse, or child – 11 U S C vernmental units 11 U S C §507(a)(8)  |
| Check this box if claim includes interest or other charges in addition  Secured Claim Check this box if your claim is secured by collateral (Including a right of setoff)  Brief description of collateral Real Estate  | 6 Unsecured Priority Claim Check this box if you have an un Amount entitled to priority \$\frac{1}{2}\$  Specify the priority of the claim  Wages salaries or commission Bankruptcy petition, or cessati \$507(a)(3)  Contribution to an employee b  Up to \$1 950* of deposits towar family or household use - 11 t  Alimony, maintenance, or supp \$507(a)(7)  Taxes or penalties owed to gove OTHER Specify applicable pair  | secured priority claim  as up to \$4,300* earned within 90 days before filing of the on of the debtor's business, whichever is earlier 11 U S C enefit plan 11 U S C § 507(a)(4) and purchase, lease or rental of property or services for personal U S C §507(a)(6) eror towed to a spouse former spouse, or child - 11 U S C vernmental units 11 U S C §507(a)(8) ragraph of 11 U S C § 507(a)()  |
| Check this box if claim includes interest or other charges in addition  5 Secured Claim Check this box if your claim is secured by collateral (Including a right of setoff)  Brief description of collateral Real Estate  Motor Vehicles  Other Value of collateral \$ Unknown  Amount of arrearage and other charges at time case filed included unsecured claim if any  | 6 Unsecured Priority Claim Check this box if you have an un Amount entitled to priority \$\frac{1}{2}\$  Specify the priority of the claim  Wages salaries or commission Bankruptcy petition, or cessati \$507(a)(3)  Contribution to an employee b  Up to \$1 950* of deposits towar family or household use - 11 t  Alimony, maintenance, or supp \$507(a)(7)  Taxes or penalties owed to gove OTHER Specify applicable pair  | secured priority claim  as up to \$4,300* earned within 90 days before filing of the on of the debtor's business, whichever is earlier 11 U S C enefit plan 11 U S C § 507(a)(4) and purchase, lease or rental of property or services for personal U S C §507(a)(6) nort owed to a spouse former spouse, or child – 11 U S C vernmental units 11 U S C §507(a)(8) ragraph of 11 U S C § 507(a)()  14/1/98 and every three years thereafter with respect to cases   |
| Check this box if claim includes interest or other charges in addition  5 Secured Claim Check this box if your claim is secured by collateral (Including a right of setoff)  Brief description of collateral Real Estate  Motor Vehicles  Other Value of collateral \$ Unknown  Amount of arrearage and other charges at time case filed included unsecured claim if any  | to the principal amount of the claim Atta  6 Unsecured Priority Claim  Check this box if you have an un Amount entitled to priority \$  | secured priority claim  as up to \$4,300* earned within 90 days before filing of the on of the debtor's business, whichever is earlier 11 U S C enefit plan 11 U S C § 507(a)(4) and purchase, lease or rental of property or services for personal U S C §507(a)(6) nort owed to a spouse former spouse, or child – 11 U S C vernmental units 11 U S C §507(a)(8) ragraph of 11 U S C § 507(a)()  14/1/98 and every three years thereafter with respect to cases   |
| Check this box if claim includes interest or other charges in addition  5 Secured Claim Check this box if your claim is secured by collateral (Including a right of setoff)  Brief description of collateral Real Estate  Motor Vehicles  Other Value of collateral \$ Unknown  Amount of arrearage and other charges at time case filed included unsecured claim if any  | 6 Unsecured Priority Claim Check this box if you have an un Amount entitled to priority \$\frac{1}{2}\$  Specify the priority of the claim Wages salaries or commission Bankruptcy petition, or cessati \$507(a)(3) Contribution to an employee b Up to \$1 950* of deposits towar family or household use - 11 t Alimony, maintenance, or supp \$507(a)(7) Taxes or penalties owed to gove the commenced on or after the date of adjustment of commenced on or after the date of adjustment of the claim o | secured priority claim  as up to \$4,300* earned within 90 days before filing of the on of the debtor's business, whichever is earlier 11 U S C enefit plan 11 U S C § 507(a)(4) and purchase, lease or rental of property or services for personal U S C §507(a)(6) sort owed to a spouse former spouse, or child – 11 U S C regramental units 11 U S C §507(a)(8) ragraph of 11 U S C § 507(a)()  n 4/1/98 and every three years thereafter with respect to cases ustment   |
| Check this box if claim includes interest or other charges in addition    Secured Claim   | 6 Unsecured Priority Claim Check this box if you have an un Amount entitled to priority \$\   | secured priority claim  secure  |
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